

**SEVIS School Code:** Miami Shores Main Campus: MIA214F00196000

## Transfer Eligibility Form for International Students

### Dear International Student:

Please ask the International Student Advisor or other official at the school you are currently attending or last attended to complete this form or return it to our department. The information is necessary for us to process your file.

**Please return to:** Barry University  
Department of Recruitment and Admissions  
11300 NE 2nd Avenue, Miami, FL 33161  
Email: myapplicationdocs@barry.edu  
Fax: 305.899.2971

### To be completed by the student.

I authorize the school official named below to provide the information requested in this form.

\_\_\_\_\_

(Student's Name)

\_\_\_\_\_

(Student's Signature)

- What immigration status does this student have? ( ) F-1 ( ) Other
- If F-1, what is the SEVIS identification number? \_\_\_\_\_
- What is the expiration date on the I-94? ( ) D/S ( ) Other \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY
- When was the student last enrolled full time at your institution? \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY
- To the best of your knowledge, is the student currently in status with UCIS? ( ) Yes ( ) No
- Comments

\_\_\_\_\_  
\_\_\_\_\_

- Has the student been granted any employment authorization? ( ) Yes ( ) No
- If yes, please list all types and dates of the student's employment:

\_\_\_\_\_  
\_\_\_\_\_

SEVIS Release Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

RO/ARO Name \_\_\_\_\_

Title \_\_\_\_\_

RO/ARO Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY

Name, address, and phone of institution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_